Provider & Stakeholder Questions and Answers (Q&A)

Updated: 2020-08-17 | SUBJECT TO CHANGE

Other	Question to Dr. Pascua: What medication did you receive [to treat COVID]?	Aside for the intubation/ ventilation protocol meds (sedatives, analgesics, paralytics, etc.), I recall receiving a keflex, azith, and an anticoagulant (to decrease clotting risk while immobile). I was also entered into the hydroxychloriquine study. The most important was supplemental oxygen, which I needed emergently upon presentation, and out to two weeks after extubation. Please note: Hydroxychloroquine has not been demonstrated to be efficacious. Currently, combination of remdemsivir (anti-viral), dexamethasone, and convalescent plasma is being used for the more significant hospitalized patients.
Other	Dr. Pascua, can you give us a list of the 6 points [regarding vaccinating children for school] again?	 Schedule shots repeatedly if need be, until they are acquired. Be prepared for inconsistences in school opening, even from one school to another, one classroom to another. The necessary covid protocols will disrupt. Increase access to telehealth venues, so that parents can get their kids in front of a webcam if they are sick. Encourage parents to establish a telehealth relationship with their PCP, working out all connectivity issues now. Parents should have their PCP's virtual waiting room bookmarked. The flu season will superimpose itself upon covid. Immunize accordingly. The current CDC protocol calls for asymptomatic contacts of confirmed persons to be tested. To lessen drive-through testing bottlenecks, scheduling of such tests has been instituted. It can take 1-2 days to get in.
Other	Thoughts on what age kids should start wearing a mask?	The general guidance is children 2+ years old should wear masks.
Other	Are any of these professionals [panelists] being asked to provide guidance for DOE?	There is an American Academy of Pediatrics-Hawaii American Family Physicians group that has offered to be a resource to DOE in conjunction with DOH.

Other	Are any of the number of cases duplicated?	It is unclear if someone can get re-infected with COVID. It is always a possibility especially if they have a sub optimate immune response. We do not know how long immunity lasts for.
Other	What is % asymptomatic/presymptomatic spread? How is this calculated?	It is difficult to answer. Unless you do a large population screening testing of everybody frequently, you won't know who is necessarily asymptomatic.
Other	Do you repeat testing for covid positive?	In general, repeat testing is not necessary. Particularly because the types of testing done tests for the insides of the virus and it can stay positive for up to 6 weeks. The individual may still be positive but are no longer contagious after the 2-week period, so the benefit of testing is not there.
Other	Any recommendations on optimal timing for PCR testing for patients who are asymptomatic, but exposed (e.g. household exposure)	Immediate testing provides guidance with regard to quarantine, etc. Keep in mind that while immediate testing might be indicated, i.e., feeling ill or exposed, the availability of testing is limited and prioritized. For example, below are the questions currently presented to a clinician requesting a covid test for a patient: 1. Is this the patient's first test for COVID-19? 2. Is the patient symptomatic of COVID-19 per the CDC guidelines? 3. Date of onset of symptoms? 4. Is the patient employed in healthcare? 5. Is the patient hospitalized? 6. Is the patient in the ICU? Congregate care residen? Pregnant?
Other	We had someone at work test positive but contact tracing deemed us not to have been exposed because she didn't have close, unprotected contact with her for more than 15 minutes. Does that mean it's not as contagious as we first thought?	Contact tracing pertains not to characteristics of the organism as it does to the specific environment and actions of the individual in that environment. It also assumes a full and candid disclosure of the following by the patient, i.e.; the case patient's socio-demographic characteristics, history of SARS-CoV-2 (the virus that causes COVID-19) testing and results, date of symptom onset, if applicable, date of specimen collection for COVID-19 testing, source of illness, list of close contacts and their locating information, duration of exposure, the case patient's activity history during the contact elicitation window (when the patient was infectious and not under isolation), exposure locations (including events and gatherings with unknown contacts).
		See: https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/contact-tracing-plan/investigating-covid-19-case.html

Other	How soon can covid positive return to school or work?	As of 8/16, the CDC states:
		For most persons with COVID-19 illness, isolation and precautions can generally be discontinued 10 days after symptom onset1 and resolution of fever for at least 24 hours, without the use of fever-reducing medications, and with improvement of other symptoms. A limited number of persons with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions for up to 20 days after symptom onset; consider consultation with infection control experts. For persons who never develop symptoms, isolation and other precautions can be discontinued 10 days after the date of their first positive RT-PCR test for SARS-CoV-2 RNA.
		See: https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fcommunity%2Fstrategy-discontinue-isolation.html
		Before a person returns to work, they should peruse the following: https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/returning-to- work.html
		For updates, check: https://www.cdc.gov/coronavirus/2019-ncov/faq.html#Testing